UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	35.C14025) 157 109
First Named Inventor or Application Identifier		j
JUN YOSHIDA, ET AL.		
Express Mail Label No.		

(Only for new nonprovisional a	pplications under 37 CFR 1.53(b))	Express Mail Label No.		
APPLICAT See MPEP chapter 600 conce	ADDRESS TO	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
1. X Fee Transmittal Form (Submit an original, and	6. Microfiche			
2. X Specification	(if applicable, all nece	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. X Drawing(s) (35 USC 1	13) Total Sheets 18	一	Computer Readable Paper Copy (identic	e Copy al to computer copy)
4. X Oath or Declaration	Total Pages 2	c	Statement verifying	identity of above copies
Newly execu	ted (original or copy)	ACCON	PANYING APPLIC	CATION PARTS
	for information purposes		Papers (cover sheet	
C c. Copy from a (for continued [Note	9 37 CFR 3.7	3(b) Statement is an assignee)	Power of Attorney	
Si in 37	see 10. English Tra	10. English Translation Document (if applicable)		
5. Incorporation By Referer	11. Information	Disclosure IDS)/PTO-1449	Copies of IDS Citations	
The entire disclosure of the oath or declaration is being part of the disclosure hereby incorporated by r	of 12 Preliminary	Amendment	Challons	
	serence trialent.	1 13 1 8 1	eipt Postcard (MPE specifically itemized	•
		14. Small Entity Statement(s	Statem S) Status still proper	nent filed in prior application and desired
			ppy of Priority Docuinionity is claimed)	ment(s)
		16. Other:		
17. If a CONTINUING APPLICATION	TION check appropriate how and sup	nly the requisite information:		
Continuation	17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No.			
18. CORRESPONDENCE ADDRESS				
X Customer Number or Bar	X Customer Number or Bar Code Label (Insert:Customer No. or Attach bar code label here) Option or Correspondence address below			
NAME				
Address				
City	State		Zip Code	*
Country	Telephone		Fax	

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	27-20 =	7	X \$ 18.00 =	\$ 126.00
	INDEPENDENT CLAIMS (37 cfr 1.16(b))	15-3 =	12	X \$ 78.00 =	\$ 936.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$ 260.00 =		\$ 0.00		
				BASIC FEE (37 CFR 1.16(a))	\$ 760.00
			Total of	above Calculations =	\$1822.00
	Reduction by	50% for filing by small en	tity (Note 37 CFR 1.9,	1.27, 1.28).	
				TOTAL =	\$1822.00

19.	9. Small entity status			
	a.	A Small entity statement is enclosed		
	b.	A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.		
	C.	Is no longer claimed.		
20.	X	A check in the amount of \$_1822.00 to cover the filing fee is enclosed.		
21.		A check in the amount of \$ to cover the recordal fee is enclosed.		
22.	The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:			
	a.	X Fees required under 37 CFR 1.16.		
	b.	Fees required under 37 CFR 1.17.		
	C.	Fees required under 37 CFR 1.18.		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	Brain L. Klock - Reg. No. 36,570	
SIGNATURE	Jai for Mond	
DATE	November 15, 1999	

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